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APR 30 2009

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ATTACHED: - FEE TRANSMITTAL (PTO/SB/17), in duplicate;  
RCE (PTO/SB/30), in duplicate;  
IDS STATEMENT (PTO/SB/08a), and  
LETTER TO USPTO, 2 pages.

Serial No.: 10/541,634  
Art Unit: 2629

Examiner: Robert R. Rainey  
Docket No.: PF030023

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 8

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01/06)

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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Notwithstanding any provision in the form, if you require assistance in completing the form and/or accommodations for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-5199 and select option 2.

Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

# FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **810.00**

Complete if Known

CENTRAL MAIL CENTER

Application Number	10/541,634
Filing Date	April 11, 2006
First Named Inventor	Khaled Sarayeddine
Examiner Name	Robert R. Rainey
Art Unit	2629
Attorney Docket No.	PF030023

**METHOD OF PAYMENT (check all that apply)**

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account: Deposit Account Number **07-0832**

Deposit Account Name:

**THOMSON LICENSING LLC**

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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)** **Fee (\$)**

50 25

200 100

360 180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x \$50	= \$				

HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- or HP =	x \$200	= 0	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____ (round up to a whole number) x _____	_____	= _____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEES FOR RCE**

- \$810.00

**Fee Paid (\$)****\$810.00****SUBMITTED BY**

Name (Print/Type)	Richard LaPeruta	Registration No. (Attorney/Agent)	51,252	Telephone	(609) 734-6816
Signature	<i>Richard LaPeruta</i>				April 30, 2009

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CENTRAL FAX CENTER

APR 30 2009

PTO/SB/17 (01/06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

# FEE TRANSMITTAL

for FY 2007

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TOTAL AMOUNT OF PAYMENT (\$)

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Examiner Name	Robert R. Rainey
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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
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## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

## Total Claims

## Extra Claims Fee (\$) Fee Paid (\$)

$$\text{or HP} = \frac{\text{Fee ($)}}{\$50} \times \$50 = \$$$

HP = highest number of total claims paid for, if greater than 20.

## Multiple Dependent Claims Fee (\$) Fee Paid (\$)

## Independent Claims

## Extra Claims Fee (\$) Fee Paid (\$)

$$\text{or HP} = \frac{\text{Fee ($)}}{\$200} \times \$200 = \$0$$

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/ 50 =	(round up to a whole number) x		=

## 4. OTHER FEE(S)

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Fee Paid (\$)

Other (e.g., late filing surcharge): **Fee FOR RCE**

-\$810.00

\$810.00

## SUBMITTED BY

Name (Print/Type)	Richard LaPeruta	Registration No. (Attorney/Agent)	51,252	Telephone	(609) 734-6816
Signature	<i>Richard LaPeruta</i>				April 30, 2009

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